PATENT APPLIC	Application or Docket Number RD 9/765, 942										
. CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)						LL E	NTITY	OR		THAN ENTITY	
TOTAL CLAIMS						ATE	FEE	7	RATE	FEE	1
FOR .	NUMBE	NUMBER FILED		NUMBER EXTRA		IC FEI	 	OR			1
TOTAL CHARGEABLE CLA	MS 32 m	32-minus 20=		. 12		\$ 9=		OR	X\$18=	200	
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MULTIPLE DEPENDENT CL	NM PRESENT	ESENT				-	 	OR		80	ł
* If the difference in column 1 is less than zero, enter "0" in column 2						35=	<u> </u>	OR	+270=	100/	ŀ
CLAIMS	IC	TAL		OR	TOTAL	10:6.	١.				
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						IALL	ENTITY	OR	SMALL.		
REMAIN AFTE	ING R	HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AFTE AMENON Total 3 Independent 4	/ Minus	6	12.	= /	_ X	9=		OR	X\$18=	-	
Independent 4	Minus		4	-	T _×	10=		OR	X80=	- 3.5	-
PINST PRESENTATION	OF MULTIPLE DI	EPENDENI	CLAIM	نـــــــــــــــــــــــــــــــــــــ	+1	35=		OR	+270=		
alas la				•		OTAL		00	TOTAL		
2 25/05 (Column	n.1)	(Colur	nn 2)	(Column 3)	ADDE	r. FEE		1.01	ADQIT. FEE		
CEAIM REMAIN AFTE AMENDM Total Independent	S ING R	HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	P.	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	ŀ
Total J	Minus	- 3	1	- /	XS	9=		OR	X\$18=		ŀ
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						35=	·	OR	+270=		
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(Column	1)	(Colum	nn 2)	(Column 3)	ADDIT	. PEE I		J~, , /	NODIT. FEE		·
CLAIM REMAINI AFTEF AMENDM Total Independent Independent	S NG I	HIGH NUME PREVIO PAID F	EST IER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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Independent •	Minus	000		=	X4			ı	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	~~~ <u>~</u>		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE									TOTAL DOIT, FEE		
The Highest Number Previous	dy Paid For (Total	or independs	nt) is the	highest number	found in t	he app	ropriate box	in colu	mn 1.		

FORM PTO-673

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